

BEST AVAILABLE COPY

**MULTIPLE PENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10564665

FILING DATE

APPLICANT(S)

Dr Booker

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/					
3		2				
4		2				
5		2				
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31	/		/			
32	/		/			
33	/		/			
34	/		/			
35	/		/			
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41	/		/			
42	/		/			
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	11		11			
TOTAL DEP.	55		55			
TOTAL CLAIMS	71		71			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	/		/			
53	/		/			
54	/		/			
55		1		1		
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57		1		1		
58		1		1		
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99						
100						
TOTAL IND.			11			
TOTAL DEP.			47			
TOTAL CLAIMS			58			